

**Kentucky Department of Corrections**  
**Division of Mental Health and Substance Abuse**  
**Substance Abuse Program Guidelines**  
*Revised 10/2011*

The Kentucky Department of Corrections recognizes the importance of providing effective substance abuse services to inmates, parolees and probationers. With approximately 75% of offenders impacted by substance abuse, it has never been more important to ensure these services are available to as many offenders as possible. In response to the growing numbers of offenders impacted by substance abuse, the Department of Corrections provides substance abuse services in jails, prisons and community programs.

The information below outlines some general information about the Substance Abuse Program. Additional information on SAP may be found in Kentucky Corrections Policies and Procedures, Policy Number 13.8. See Appendix for a copy of the policy.

**Who:** Substance Abuse Programs (SAP) are available to inmates, probationers and parolees with a history of substance abuse.

**What:** SAP is a six to nine month residential substance abuse program that utilizes the therapeutic community model to provide substance abuse services to those with a history of substance dependence.

The Department of Corrections also recognizes the need to address substance abuse treatment for probationers and parolees. In addition to offering substance abuse treatment services in jails and prisons, the DOC also contracts with community programs to provide outpatient and intensive outpatient substance abuse services. Referrals to these programs are made by one of 26 Social Service Clinicians located throughout the state to work with those struggling with long-term recovery.

**Where:** SAP is located in 15 jails, 8 prisons, 10 community programs and 10 Recovery Kentucky Centers. The DOC contracts with agencies in Lexington, Louisville and Northern Kentucky to provide outpatient and intensive-outpatient substance abuse treatment.

**When:** Offenders who are within approximately 24 months of being paroled are admitted to SAP to gain the tools necessary to sustain long-term recovery from substance abuse and its negative consequences (unemployment, criminal behavior, etc).

**Why:** Jurisdictions around the country continue to note the increased number of individuals incarcerated for drug crimes, or crimes related to drug use. Bureau of Justice statistics note that 83% of state inmates have a history of drug use and that over half (53%) of incarcerated state inmates meet the criteria for drug dependence or abuse based on criteria specified in the *Diagnostic and Statistical Manual of Mental Disorders*, fourth edition (DSM IV). The Kentucky Department of Corrections and the Division of Mental Health and Substance Abuse have determined that individuals with histories of substance abuse should have the opportunity for appropriate substance abuse intervention prior to release from custody or supervision.

The DOC offers SAP in 15 jails, 9 prisons, 10 community programs and 10 Recovery Kentucky Centers.

**Jail Programs (17)**

Boyle County Danville, KY
Breckenridge County Hardinsburg, KY
Christian County Hopkinsville, KY
Daviess County Owensboro, KY
Fulton County Hickman, KY
Grant County Williamstown, KY
Grayson County Leitchfield, KY
Hardin County (male) Elizabethtown, KY
Hardin County (female) Elizabethtown, KY
Hopkins County Madisonville, KY
Marion County Lebanon, KY
Mason County Maysville, KY
Pike County (male) Pikeville, KY
Pike County (female) Pikeville, KY
Powell County Stanton, KY
Shelby County Shelbyville, KY
Three Forks Regional Jail Beattyville, KY

### **Institutional Programs (8)**

Green River Central City, KY
Kentucky Correctional Institute for Women Peewee Valley, KY
Phoenix (KSR)* Lagrange, KY
Luther Lockett Lagrange, KY
Marion Adjustment Center St. Mary, KY
Otter Creek Wheelwright, KY
Roederer Correctional Complex Lagrange, KY
Western Kentucky Correctional Complex Fredonia, KY

\*The Phoenix Program at KSR is a co-occurring treatment programs designed to address substance abuse and mental health treatment needs.

### **Community Programs (10)**

Chrysalis House Lexington, KY
CTS Russell Louisville, KY
Dismas Owensboro for Men Owensboro, KY
Healing Place for Women Louisville, KY
Hope Center for Women Lexington, KY
Privett Center Lexington, KY
Renaissance House Louisville, KY
St. Ann's Louisville, KY
Westcare Ashcamp. KY
Volunteers of America Louisville, KY

**Recovery Kentucky Centers (10)**  
*Probationers and Parolees Only*

Brighton Recovery Center Florence, KY
Cumberland Hope Evarts, KY
Liberty Place Richmond, KY
Trilogy Center Hopkinsville, KY
Women's Addiction Recovery Manor (WARM) Henderson, KY
Alternative Recovery Center Campbellsville, KY
Grateful Life Center Erlanger, KY
Morehead Inspiration Center Morehead, KY
Owensboro Regional Recovery Owensboro, KY
Center Point Paducah, KY

**The Substance Abuse Program (SAP) Application**

- The first step in the process of being admitted to SAP is to complete the SAP Application
- Any inmate may apply for admission to SAP
- An application can be obtained from the Class D Coordinator in any jail or from a CTO at any prison.
- A copy of the SAP application can be found in the Appendix.

**The SAP Application Process**

- An inmate must wait one year to apply for SAP if he or she:
  - Has refused SAP twice
  - Has been terminated from SAP twice
  - Has been terminated from SAP once and refused SAP once
- After the application is completed, it is mailed to the address on the bottom of the application.
- The application is reviewed by Substance Abuse Program Administrators to determine appropriateness for the program.
- Once approved, the inmate receives a letter alerting him that he has been approved and has been placed on the SAP Waiting List.

- If an inmate has Parole Upon Completion status, he is given priority status over those on the waiting list who are not Parole Upon Completion.
- Every parole upon completion offender on the SAP Waiting List is reviewed by a Substance Abuse Program Administrator for his eligibility to complete SAP in a community program or a Recovery Kentucky Center.
- The names of offenders that meet the criteria to complete SAP in a community program are submitted to the Parole Board in order for the board to amend the offender's parole stipulations.
- When a vacancy becomes available, the offender is transferred to the facility where he will complete SAP.
- If an inmate is transferred or admitted to a Substance Abuse Program without going through the above procedure, the jail will not be reimbursed for the SAP services provided.
- A jail may not enroll inmates in SAP at its own discretion. The Substance Abuse Program Administrators must approve and initiate all jail SAP admissions.
- Jails that refuse to transport an inmate from a jail to attend SAP will not receive additional referrals until the inmate has been transported.
- A jail may not refuse to transport a SAP referral due to medical costs associated with the inmate. If an inmate has been approved for SAP and referred to a specific program, the jail who received the referral must transport the inmate. Any exceptions to this rule must be approved by the Director of Local Facilities and the Director of the Division of Mental Health and Substance Abuse.

### The Waiting List

- The SAP Waiting List is maintained by Division of Mental Health and Substance Abuse staff
- The assigned staff person works closely with Classification to ensure that inmates are transferred to the appropriate facility in a timely manner.
- An offender is added to the waiting list after his application has been reviewed by a Substance Abuse Program Administrator
- If an offender is added to the waiting list and later decides to refuse SAP services, he must complete a SAP Refusal Form in order to be removed from the waiting list.
- When an offender is admitted to a program, his status is updated in KOMS by the Substance Abuse Program Administrator from "Waiting List" to "Active Participant"
- This change in status will remove the offender from the waiting list.
- The waiting list changes daily as offenders are added to or removed from it.

### Refusals

- Any inmate that refuses SAP after being recommended by the Parole Board or Department of Corrections personnel to complete it must sign a SAP Refusal Form.
- Department of Corrections staff receiving the refusal must update the offender's status in KOMS to reflect the refusal.

- Jail SAP refusals forms should be sent to the Division of Mental Health and Substance Abuse. After the refusal is received, KOMS will be updated.
- If an inmate refuses to sign the refusal, document the refusal to sign on the Refusal Form and send to the Division of Mental Health and Substance Abuse.
- Inmates who refuse SAP after being transferred from another jail or prison for the distinct purpose of completing SAP must return to the original jail facility.
- A copy of the Refusal Form can be found in the Appendix.
- If you refuse SAP after being transported to a facility to complete SAP, you will be charged with a Category 4.11 Offense-Obtaining money, goods, privileges or services under false pretenses.

### The Monthly Report

- Each Substance Abuse Program is required to submit a monthly report to the Substance Abuse Program Administrator.
- The reports are due by the 5<sup>th</sup> of each month and should contain data related to the previous month. For example, a program's report of December 2010 activities would be due to the Program Administrator by the 01/05/11.
- All monthly reports will be compiled and distributed to the Deputy Commissioner on the 10<sup>th</sup> of the month.

### The Daily Spreadsheet

- The Division of Mental Health and Substance Abuse staff will maintain a spreadsheet that captures the daily census at each jail Substance Abuse Program. The spreadsheet will be used by the Department of Correction's Administration and Finance Department to reconcile the monthly payments.

### The Contract

- Jails with Substance Abuse Programs contract with the Department of Corrections to provide substance abuse services to a specific number of inmates.
- Each jail program will be reimbursed for DOC approved SAP inmates up to its contracted amount. For example, if a jail has a contract to provide SAP services for 40 inmates but chooses to enroll 43, the jail will only be reimbursed for the services provided for 40 inmates.
- Each jail program is paid a per diem for each SAP inmate up to its contracted amount.
- The contract between the Jail Substance Abuse Programs and the Department of Corrections requires that a minimum of 70% of the total contracted amount be paid even if the SAP population falls below the 70% threshold. This will be done annually and the annual average population shall be calculated by June 15<sup>th</sup> of the fiscal year.
- Reimbursement is limited to the allocated contract amount.
- In order to be reimbursed for SAP services, a jail must submit a monthly invoice by the 5<sup>th</sup> of each month. Failure to submit the invoice by the due date will result in delayed payment.

## SAP Programming and Staffing Requirement

- SAP shall be administered in accordance with the Therapeutic Community model as approved by KYDOC Mental Health Division. Elements of the program must include, but are not limited to, cognitive behavior counseling, 12-step intervention and relapse prevention. SAP Staff Credentials Standard-SAP staff must have a bachelor's degree or two years of related experience.
- A program participant is required to actively participate in SAP for a minimum of six months.
- SAP staffing requirement-a minimum of one (1) SAP staff per twenty (20) inmate participants. Community SAP Provider meetings are a requirement and the entire meeting must be attended by the SAP Program Director or designee. Any absences must be approved by the KYDOC Division of Mental Health.
- All SAP Staff must meet minimum criteria and must be approved by DOC prior to hiring. Existing program staff must be approved by KYDOC Division of Mental Health prior to being detailed to SAP.
- All community program SAP staff must complete a minimum of 30 hours of training in Therapeutic Community prior to working with SAP residents. All Therapeutic Community training will be coordinated by the KYDOC Substance Abuse Program Administrators. Additional training may be required as determined by the KYDOC Substance Abuse Program Administrators.
- Must follow the Department of Corrections drug testing guidelines.
- For Jail and Community Substance Abuse Programs: The Kentucky Department of Corrections will provide names of approved SAP inmates to fill SAP vacancies. Vacancies filled in any other manner will be considered a violation of the terms of the contract and not subject for payment.
- Facility requirements: Separate SAP participant living area, classroom and recreation time segregated from the general population.
- Inmates in the Substance Abuse Program must be identified in a way that distinguishes them from non-SAP inmates
- Progress measurement – SAP participants' progress is determined by successful completion of respective program phases based on classroom testing, consistent behavioral change and active participation.
- For Jail and Community Programs: SAP completion and graduation certificates shall be sent to the Department of Corrections Division of Mental Health within one week of graduation. Termination paperwork shall be sent to the Department of Corrections within 48 hours.
- Participate in KYDOC sponsored follow-up study to determine effectiveness of services.
- Provide a monthly performance report to the KYDOC. The contents of the report will be determined by KYDOC Division of Mental Health.

## The Daily Roster

- All Jail Substance Abuse Programs are required to submit a daily roster that includes the name, inmate number and start date of each person in SAP to the Substance Abuse Program Administrators.
- Rosters must also include the name, inmate number and start date of any mentors in the program.

## Jail Transports

- Jail Substance Abuse Programs are required to transport SAP referrals to its facility regardless of the referrals location.
- Jail Substance Abuse Programs have one week to transport a SAP referral.
- If an inmate refuses SAP after being transported from a jail or prison to complete SAP, he or she will be charged with a category 4.11 Offense-obtaining money, goods, privileges or services under false pretenses.

## Medical Issues

- Once an inmate has been approved for SAP, he must be admitted to a program. An inmate may not be refused admission due to medical costs associated with the inmate without the permission of the Director of Local Facilities and the Director of Mental Health and Substance Abuse.

## Religious Issues

- SAP inmates must be afforded an opportunity to participate in religious services and receive religious counseling within the facility or institution.
- SAP inmates are not required to attend or participate in any religious service or discussion.

## Alcohol and Other Drug Entity (AODE) Licensure

- The Department of Corrections is working with all jail and prison Substance Abuse Programs to obtain an Alcohol and Other Drug Entity (AODE) licensure. Many offenders in SAP have received DUI charges and must complete a licensed treatment program in order to regain driving privileges. DUI state regulations require that substance abuse program be a licensed AODE for the court to recognize the substance abuse treatment received.
- All jail and prison Substance Abuse Programs must work with the Substance Abuse Program Administrators toward receiving AODE licensure.



## The Therapeutic Community Model

The Department of Corrections Substance Abuse Programs located in jails, institutions and many community programs follow the Therapeutic Community model to effectively treat the offender population. The therapeutic community (TC) for the treatment of drug abuse and addiction has existed for about 40 years. In general, TCs are drug-free residential settings that use a hierarchical model with treatment stages that reflect increased levels of personal and social responsibility. Peer influence, mediated through a variety of group processes, is used to help individuals learn and assimilate social norms and develop more effective social skills.

Therapeutic Communities differ from other treatment approaches principally in their use of the community, comprising treatment staff and those in recovery, as key agents of change. This approach is often referred to as "community as method." TC members interact in structured and unstructured ways to influence attitudes, perceptions, and behaviors associated with drug use.

Therapeutic Communities operate separately from other programs and are located away from the general population. As a participant in the community, the offender is expected to adhere to strict and explicit behavioral norms. These norms are reinforced with specific contingencies (rewards and punishments) directed toward developing self-control and responsibility. The resident will progress through a hierarchy of increasingly important roles, with greater privileges and responsibilities. Other aspects of the TCs "community as method" therapeutic approach focus on changing negative patterns of thinking and behavior through individual and group therapy, group sessions with peers, community-based learning, confrontation, games, and role-playing.

TC members are expected to become role models who actively reflect the values and teachings of the community. Ordered routine activities are intended to counter the characteristically disordered lives of the offenders and teach them how to plan, set, and achieve goals and be accountable.

Ultimately, participation in a TC is designed to help people appropriately and constructively identify, express, and manage their feelings. The concepts of "right living" (learning personal and social responsibility and ethics) and "acting as if" (behaving as the person should be rather than has been) are integrated into the TC groups, meetings, and seminars. These activities are intended to heighten awareness of specific attitudes or behaviors and their impact on oneself and the social environment (National Institute on Drug Abuse Research Report Series: Therapeutic Communities, 2002).

Substance Abuse Programs at the institutions are staffed by Department of Corrections personnel. At the jails, staffing for Substance Abuse Programs is the jailers' responsibility. Each jailer is aware of the 20:1 inmate to staff ratio that is outlined in the jail's contract with the Department of Corrections. Both jail and prison programs have a program director that works closely with DOC Substance Abuse Program Administrators to ensure effective operation of the program. Substance Abuse Program Administrators must be a part of the hiring on Substance Abuse Program staff at the jails and institutions.

## **The Need for Mentors**

The socialization history of serious substance abusers is marked by negative peer influence. Because of this, residents of the therapeutic community are also susceptible to negative peer influences, and most trace their initiation into drug use to peers. Typically, other drug users were their main peer relationships during their years of active drug use.

Generally, the criminal history of substance abusers is also related to peer influences. For most residents, their illegal activities began with regular drug use, usually in conjunction with peers. With continued abuse or addiction, these criminal patterns often escalated to more severe crimes.

In the therapeutic community perspective a positive mentor culture must be maintained in order to counter the negative peer influence. New residents are directed toward positive thinking, conduct and values by peers who-though similar to their associates in the past-are different in the present. For this reason, it is vital, and necessary, to create and maintain a positive mentor culture within the therapeutic community. Individuals who have exhibited positive behaviors and attitudes are selected to assist in these roles. These are most often men or women in the late stages of treatment. In the role of community managers, these mentors display accountability to each other and to the community. These mentors serve as role models and are expected to display the behavior, attitudes and expectations for the community. The strength of the community as a tool for social learning corresponds to the number and quality of its role models. For these reasons, the mentor position is vital to the strength of the overall program

(De Leon, Therapeutic Community, Theory, Model and Method).

In addition to serving as positive role models and managers of the community, all Mentors are required to participate in a structured Mentor program designed to teach effective leadership qualities, problem solving options and motivational techniques. The Therapeutic Community affords immediate application of these newfound skills. Ninety days Educational Good Time (EGT) is granted for successful completion of this program .

Each Substance Abuse Program must have a minimum of two mentors. Programs with more than 40 inmates must increase its number of mentors to reflect a 20:1 ratio.

## **Substance Abuse Program Curriculum**

The curricula used by the jail, prison and Recovery Kentucky Centers and the community substance abuse programs must include the Twelve Steps (Alcoholics Anonymous/Narcotics Anonymous), Relapse Prevention and Cognitive Behavioral Therapy.

Cognitive Behavioral Therapy (CBT) is based on the idea that a persons distorted thoughts and beliefs lead to his or her negative moods and unhealthy behaviors. Cognitive behavioral therapy holds the person accountable for you feelings and behaviors-not other people. For those involved in the legal system, CBT provides an additional opportunity to intervene with offenders by also focusing on developing skills for living in harmony with the community and engaging in behaviors that contribute to positive outcomes in society (Cognitive-Behavioral Treatment, U.S. Department of Justice, National Institute of Corrections, May, 2007).

Relapse Prevention focuses on identifying specific high-risk situations for each offender and enhancing his or her skills for coping with those situations and restructuring the client's perceptions of the relapse process (Relapse Prevention, An Overview of Marlatt's Cognitive-Behavioral Model, Larimer, Palmer and Marlatt, 1999).

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## **The Community Programs**

In addition to the jail and prison programs outlined above, the Department of Corrections also partners with a number of community agencies to provide needed substance abuse services. These community programs provide outpatient, intensive outpatient and residential interventions to probationers and parolees who are struggling with recovery from drugs and alcohol. The Department currently contracts with local treatment agencies to provide intensive outpatient services for 378 clients in the major metropolitan areas.

## **The Social Service Clinicians (SSC)**

There are 26 Social Service Clinicians located throughout Kentucky to provide substance abuse assessments, case management and referrals to probationers and parolees in need of community substance abuse services. These clinicians are located in Probation and Parole offices and serve as liaisons for offenders and community agencies. They are based in each of the 19 Probation and Parole districts, and many cover the 2-5 offices located in their district (covering sometimes as many as 6-12 counties). Parolees being released are regularly stipulated by the parole board to receive substance abuse assessments by a Social Service Clinician. Parole officers will refer offenders on probation and parole that appear to have a history of substance abuse or receive a substance-related

arrest/conviction to them. Circuit court judges order offenders to undergo a substance abuse assessment by an SSC as a condition of their probation supervision. Often the SSC will provide numerous interventions with an offender during their time on supervision. They make treatment recommendations and act as liaison with the treatment provider while the offender is being treated. If the offender is unsuccessful, the SSC may make a referral for a higher level of care. The Social Service Clinicians specialize in substance abuse treatment services, but often are asked to see offenders with mental health issues to assist the Probation and Parole officers. In areas where substance abuse resources are limited, Social Service Clinicians provide individual and group services. The work of these clinicians is crucial in the successful re-entry of offenders back in to the community. Social Service Clinicians and Probation and Parole officers work as a team to determine the best action plan to assist an offender in successful supervision.

If you have questions about the Substance Abuse Program, please feel free to contact any Substance Abuse Program staff:

Director: Kevin Pangburn  
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Assistant  
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Substance Abuse  
Program Administrators: Mylea McFelea  
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Substance Abuse Program staff may be contacted by mail and telephone at:

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P.O. Box 2400  
Frankfort, KY 40601  
502-564-6490

# Appendix

## Substance Abuse Program Locations and Capacity as of 10/2011

### Jail Programs (17)

Program	DOC Capacity
Boyle County	40
Breckenridge County	40
Christian County	100
Daviess County	35
Fulton County	120
Grant County	40
Grayson County	20
Hardin County (male)	50
Hardin County (female)	56
Hopkins County	40
Marion County	40
Mason County	20
Pike County (male)	68
Pike County (female)	16
Powell County	15
Shelby County	30
Three Forks	14
<b>Total</b>	<b>744</b>

### Institutional Programs (8)

Institution	DOC Capacity
Green River	128
KCIW	48
Phoenix (KSR)*	33
Luther Lockett	192
Marion Adjustment Ctr.	276
Otter Creek	100
Roederer	200
Western Kentucky	55
<b>Total</b>	<b>1,032</b>

### Community Programs (10)

Program	DOC Capacity
Chrysalis House	8
CTS Russell	200
Dismas Owensboro (male)	165
Healing Place for Women	63
Hope Center for Women	40
Privett Center	80
Renaissance House	12
St. Ann's	70
Westcare	68
Volunteers of America	50
<b>Total</b>	<b>756</b>

### Recovery Kentucky Programs (10)

*Probationers and Parolees Only*


Program	DOC Capacity
Brighton-Florence	50
Cumberland Hope-Evarts	50
Liberty-Richmond	50
Trilogy-Hopkinsville	50
WARM-Henderson	50
Alternative Recovery-Campbellsville	50
Grateful Life-Erlanger	50
Morehead Inspiration Center	50
Owensboro Regional Recovery	50
Center Point-Paducah	50
<b>Total</b>	<b>500</b>

As of 10/2011, total number of SAP beds in jails, prisons, community and Recovery Kentucky Centers is 3,032.



# Kentucky Corrections Policies and Procedures

## Policy 13.8

 <p><b>KENTUCKY CORRECTIONS</b> Policies and Procedures</p>	Policy Number	Total Pages
	13.8	11
	Date Filed	Effective Date
	November 9, 2010	January 3, 2011
References/Authority KRS 196.035, 197.020, 202A.400, 218A, 241.010, 319.005 908 KAR 1:370 ACA 4-4377, 4-4396, 4-4433, 4-4437	Subject  <b>SUBSTANCE ABUSE PROGRAM</b>	

## I. DEFINITIONS

“Adjunct staff” means an employee of Department of Corrections who works in conjunction with the Substance Abuse Program.

“AODA Programs” means Alcohol and Other Drug Abuse Programs.

“Department” means the Department of Corrections.

“Division” means the Division of Mental Health and Substance Abuse.

“Social Service Clinician” or “SSC” means an employee of the Department of Corrections so designated by personnel specifications.

“Substance” means any illegal substance whose purpose is to have a mood altering effect and a drug as defined in KRS Chapter 218A or alcohol as defined in KRS 241.010.

“Volunteer” means a person, at least 21 years of age, who provides a service to the Department of Corrections in conjunction with the Substance Abuse Program and staff, and does not receive a salary for performing this service; a volunteer may include a practicum student and intern.

## II. POLICY and PROCEDURES

### A. Program Description: Substance Abuse Program

1. A core intensive program shall consist of, at a minimum, a six (6) months residential program maintained at facilities designated by the Department of Corrections. The primary intensive substance abuse program shall be

coordinated by the Office of AODA Programs within the Division of Mental Health and Substance Abuse.

2. Program Components

- a. The program shall use nationally recognized models for the population in this particular therapeutic setting. These models shall be continuously reviewed and revised accordingly.
- b. Components may include:
  - (1) Psycho-education about chemical dependency;
  - (2) Application of a twelve (12) step model to managing chemical dependency;
  - (3) Relapse prevention strategies;
  - (4) Cognitive strategies to correct criminal thinking;
  - (5) Aftercare programming for those who have completed the program;
  - (6) Other appropriate care and components; and
  - (7) Urine drug testing of an individual participating in the core intensive substance abuse program.
- c. The Department shall maintain a zero tolerance, drug and alcohol free environment within its core intensive program. An inmate who receives a positive drug or alcohol test shall be immediately removed from the program, but may reapply. In addition to any disciplinary sanctions which may be applied to the inmate, a termination review shall be conducted by the program staff and the inmate shall be advised what he needs to do to be readmitted. This may vary for each individual based on his specific needs; the plan generally shall call for a period of drug or alcohol free testing and involvement in lower level substance abuse programming such as AA or NA meetings. Consideration of re-application to the program shall be made based upon satisfactory completion of the requirements of the termination review, availability of resources, and demonstrated compliance on the part of the inmate.
- d. Ancillary interventions

Additional mental health services shall be considered ancillary to primary drug and alcohol treatment and shall not be seen as a substitute for the substance abuse programs. These may include psychiatric treatment, individual counseling, and self-help programs, including the twelve (12) step program, and may be made available to the inmate depending upon the resources and need at each institution.

B. Program Description: Community AODA Program

1. The community based substance abuse program for the Department shall be coordinated by the Office of AODA Programs within the Division of Mental Health and Substance Abuse.
2. The program available within each Probation and Parole District may vary depending upon available local resources.
3. Program Components:
  - a. Treatment opportunities may include a residential program, a day program, an intensive outpatient program, an outpatient program, general aftercare, or a relapse prevention support group;
  - b. The Substance Abuse SSC within each district may conduct drug and alcohol education groups and relapse prevention and aftercare groups, in addition to monitoring contracted community based services; and
  - c. A provider holding a contract with the Department shall drug test an offender on a random basis and shall report the results of a positive urinalysis immediately to the Probation and Parole Office.

C. Application: Substance Abuse Program

Each inmate applicant shall complete an application to the Substance Abuse Program. A completed application shall be forwarded to the appointed designee with the Office of AODA.

D. Program Participation Refusal.

Each inmate may refuse admission to the program by signing a written refusal. A copy of the written refusal shall be entered into KOMS. Meritorious Good Time may not be awarded to an inmate who refuses the program.

E Application: Community AODA Programs

1. An offender shall access these programs by receiving a referral from the Probation and Parole Officer to the Substance Abuse SSC for an assessment and treatment recommendation.
2. A community offender shall be referred if he:
  - a. Produces a positive urinalysis;
  - b. Has a documented substance abuse history; or

- c. Is returning to the community from an institutional substance abuse program.

F Admissions: Substance Abuse Program

Program staff shall review the applicant's admission criteria which may include results of screening measures of drug and alcohol abuse and dependency, criminal history, time served to date, parole status, and appropriateness for intensive residential treatment.

The program shall screen out an applicant with psychological problems which may render current efforts ineffective. An applicant shall meet the following minimum eligibility requirements to gain admission to the program.

1. The applicant shall not have received an adjudication of a Category 4 or above disciplinary violation within the past sixty (60) days prior to application. An applicant who is accepted, but not yet transferred to the program, shall be rejected for a disciplinary adjudication. Multiple disciplinary convictions that are Category 3 or below shall be reviewed by program staff and may be considered to deny entry to the program;
2. The applicant shall not be actively psychotic;
3. The applicant shall be likely to benefit from this form of treatment, with this determination being made by a Department Program Administrator within the Division of Mental Health;
4. Selection for admission in the Substance Abuse Program shall be made by staff conducting the program and may also include clinical interviews, review of collateral information, and other more formal assessment strategies in order to make a determination of an applicant's appropriateness for treatment;
5. The clinical data which may be considered include:
  - a. Results of screening and assessment measures;
  - b. Criminal history;
  - c. Time served to date;
  - d. History of prior interventions;
  - e. Types of substances used;
  - f. Disciplinary history; and
  - g. Presentence Investigation (P.S.I.)

6. Ultimate discretion for admission into the Substance Abuse Program shall remain with the Department Substance Abuse Program Administrator.
7. The applicant shall be notified by memorandum whether or not he has been admitted into the program.

G. Admissions: Community AODA Programs

An offender with a substance abuse problem shall be matched to the appropriate level of care upon return to the community or upon his entry into probationary status.

1. The SSC responsible for coordinating substance abuse services may conduct an in-depth drug and alcohol psychosocial assessment and administer a variety of assessment instruments. The data obtained from these assessment activities shall be reviewed and a recommendation made for the appropriate level of care.
2. The SSC shall facilitate a referral to the appropriate community based organization responsible for providing that level of services to an offender.
3. An offender receiving parole and returning to a community setting shall have a high priority for being placed in an intensive substance abuse service. SAP graduates shall meet with Community SSC's to review aftercare plans and determine substance abuse referrals. Community SSC's shall make every effort to meet with SAP and Therapeutic Community graduates during a parolee's initial meeting with the probation and parole officer.
4. In general, a community based client shall be matched to the appropriate level of treatment and shall complete all subsequent levels of care as he moves toward participation in the least intensive level of intervention, a monthly relapse prevention and aftercare group.

H. Attendance: Substance Abuse Program

1. An offender shall attend all scheduled sessions. Failure to attend may result in termination from the program.
2. Any absence shall be documented and included in progress reports.

I. Attendance: Community AODA Programs

1. An offender shall abide by the attendance policies set forth by the community provider contracted to provide the community based substance abuse program.
2. A provider shall immediately report an unexcused absence to the designated staff person within the Probation and Parole Office.

J. Participant Evaluation: Substance Abuse Program

1. Each participant shall be evaluated by staff of the Substance Abuse Program on the following criteria:
  - a. Attendance;
  - b. Participation;
  - c. Attentiveness;
  - d. Behavior; and
  - e. Knowledge.
2. Each participant shall be given verbal feedback of his progress in the program and have aftercare recommendations discussed with him.

K. Participant Evaluation: Community AODA Programs

The provider shall provide the designated staff person within the Probation and Parole Office with a timely summary of an offender's participation. The provider may use a format agreed upon by the SSC, supervising probation and parole officer, and the provider organization.

L. Confidentiality: All Programs

Consistent with practices within the professional mental health and substance abuse community and federal laws, information obtained in the course of an inmate's treatment shall be considered confidential. Exceptions include:

1. Program staff may release information pursuant to KRS 202A.400 if there appears to be a danger to the health and safety of an inmate, staff, or other person or a threat to the security of the institution;
2. Program staff may release information to prison and probation and parole officials regarding the fact that an inmate had a substance abuse problem in the past; and

3. Program staff may communicate information to community treatment agencies for the purpose of planning aftercare.

M. Discharge and Termination Criteria: Substance Abuse Program

A participant of the Substance Abuse Program may be administratively discharged or terminated from the program based on the following:

1. Successful completion of all program requirements;
2. Failure to comply with program requirements;
3. Failure to comply with program, institutional, or dormitory rules which results in the issuance of a disciplinary report;
4. Placement in disciplinary or administrative segregation so that the participant is unable to attend the program;
5. Voluntary withdrawal from the program;
6. Medical reasons that preclude participation in the program;
7. Violation of attendance policy;
8. Failure to complete any other component of the treatment plan as designated by the SSC or other assigned program staff; and
9. Testing positive for drugs.

N. Discharge and Termination from Community AODA Programs

Discharge and termination from this program shall be made after a meeting between the SSC, the provider, and the probation and parole officer supervising the case.

Participants of the Community AODA Program may be discharged or terminated from the program based on the following:

1. Successful completion of all program requirements;
2. Failure to comply with program requirements;
3. Voluntary withdrawal from the program;
4. Medical reasons that preclude participation;
5. Termination by the treatment provider for rule violation; and



6. Failure to complete any other component of the treatment plan as designated by the SSC, Probation and Parole Office, or other assigned program staff.

O. Appeals of Termination from the Substance Abuse Program

1. The program participant may appeal termination from the Substance Abuse Program by submitting a written appeal to the Program Administrator of the program for the Department or the designee within seven (7) days from written receipt of the termination. The Program Administrator or the designee shall forward a written response to the program participant within twenty-one (21) days of receipt of the appeal. The decision shall be final.
2. If a program participant is terminated from the Substance Abuse Program, he may reapply thirty (30) days after the final termination date or at the discretion of the Program Administrator. Reapplication shall not guarantee readmission to the program.

P. Staffing: Substance Abuse Program

Administrative and program staff shall be approved by the Division of Mental Health and Substance Abuse. Security staff shall be provided by the institution housing the program.

1. The AODA Program Administrator shall oversee all residential Substance Abuse Programs.
2. The Program Administrator shall oversee the residential Substance Abuse Program and provide clinical and administrative supervision for that program.
3. The SSC assigned to the program shall conduct daily programming and perform other duties as described in personnel specifications.
4. Security staff shall abide by the security procedures of the institution housing the program.

Q. Miscellaneous

1. Record Keeping

- a. Treatment files shall be maintained separately from institutional files. The files may include:

- (1) Application form;
- (2) Notification of acceptance or rejection;

- (3) Program agreement or contract;
- (4) Progress notes;
- (5) Psychological data and psychological reports;
- (6) Releases of information;
- (7) Discharge summaries or termination forms;
- (8) Individual course work;
- (9) Individual treatment plan;
- (10) Individual aftercare recommendations; and
- (11) Other relevant materials.

b. Discharge summaries or termination forms and individual aftercare recommendation shall be maintained in institutional and Central Office files. Discharge summaries shall be sent to Central Office thirty (30) days prior to graduation.

- 2. Upon successful completion of the program, the participant shall be given a certificate of completion. The original shall be given to the participant and copies shall be retained in the participant's treatment file, institutional file, and Central Office file.
- 3. A discharge summary shall be completed and submitted to the Parole Board. A copy shall be retained in the participant's file, institutional file, and Central Office file. A copy may be sent to an appropriate source requesting the information.

R Organization and Administration of Utilization Review and Quality Assurance for the AODA Substance Abuse Program/Governing Authority.

- 1. The Department of Corrections Division of Mental Health has established policies to help ensure the health, safety and well being of inmates enrolled in the Substance Abuse Program.
  - a. All inmates in the substance abuse program are covered under the following Corrections Policy and Procedures:
    - (1) Chapter 8 (Safety and Emergency Procedures);

- (2) Chapter 9 (Security and Control);
- (3) Chapter 10 (Special Management Inmates);
- (4) Chapter 13 (Medical and Health Care Services);
- (5) Chapter 14 (Inmate Rights); and
- (6) Chapter 15 (Inmate Rules and Discipline).

- b. These Corrections Policies and Procedures are maintained in Administration and subject to review upon request.

## 2. Utilization Review

- a. Each inmate's progress shall be reviewed and documented in writing on a monthly basis.
- b. The Utilization Review Team shall consist of clinical staff that provides clinical services to the inmates in the substance abuse program.
- c. The Program Administrator shall be responsible for the utilization review of services provided by the substance abuse treatment program.

## 3. Quality Assurance Program

- a. Inmates in the Substance Abuse Program shall be provided quality substance abuse treatment services in a setting that promotes their health, safety and well-being.
- b. The Department of Corrections Division of Mental Health Program Administrators shall conduct an announced audit of the Substance Abuse Program annually.
- c. The Quality Assurance Team shall consist of at least two (2) auditors appointed by the Department Program Administrator responsible for the oversight of the program.
- d. The Quality Assurance Team shall share preliminary results with program staff in the form of a face-to-face meeting following the audit. Official finding shall be sent to the Program director within ten (10) business days of the audit.
- e. The Quality Assurance Team shall identify findings that require a plan of correction. If required, the plan of correction shall be submitted to the

Department of Corrections Division of Mental Health within ten (10) business days.